

SYPHILIS.

I. Primary Chancres.—M. DREVET, (Paris) M. LESAGE, (Paris) M. THIÉRY, (Paris).—M. Drevet, in his thesis examines the circumstances which may protract the period of incubation of infecting chancres, or delay the attack of secondaries. The most important he considers to be advanced age, pregnancy, and the febrile state, above all the latter. If the patient after contagion from syphilis suffers from an intercurrent febrile disorder (*e. g.*, typhoid fever) it would appear that the normal evolution of the syphilis may be disturbed or perhaps even stopped entirely. It is evidently extremely difficult to be certain of the latter fact, but that the occurrence of typhoid fever, etc., may very naturally delay the onset of secondaries admits of little doubt. We have observed a striking example of this at the London hospital.

M. Lesage reports in a thesis, three cases of inoculation of the syphilitic virus by means of bites received in street quarrels. In one the chancre was situated on the cheek, in another on the thumb, and in the third on the ear. Whilst the wound may slowly heal, and no true ulcer appear, the syphilitic infection is revealed by the dusky color and the induration beneath the scar.

M. Thiéry anxious to shorten in certain cases the disappearance of the induration of primary sores, has employed freely two methods, cauterization and excision. He uses them only on true infecting chancres, not pretending to prevent secondaries, but simply aiming to relieve the patient of an annoying lesion. Any well defined small chancre in a convenient situation (*e. g.*, the prepuce) he excises: for other ones he employs repeated applications of the actual cautery (at intervals of two or three days). M. Thiéry holds that all local medicaments (including iodoform and mercurial dressings) are useless in promoting healing of chancres, and quotes a number of cases illustrating his results.—*Gaz. Méd. de Paris* 1887. Nos. 18 and 12.

II. The Treatment of Syphilis, by the Subcutaneous Injection of Calomel. In a previous number of the ANNALS (vol. v. p. 174) the injection treatment was noticed in an abstract of an article by

Mr. Bloxam. Several continental writers (Prof. NEISSER, Dr. KRECHE, M. BALZER, etc.) have lately been advocating the use of calomel administered in the same manner, and it will be convenient to notice them together. It is recommended that the calomel be administered in doses of about twenty grains, in water containing chloride of sodium to the same amount (Kreche) or one-fourth the amount (Neisser) or that the drug be suspended in oil of vaseline (Balzer). Du Castel and others, however, prefer yellow oxide of mercury suspended in mucilage for injection, and claim that it is less likely to set up an abscess than calomel. From four to six injections are made at intervals of a month, and it is claimed that this treatment suffices in most cases. To assert (as M. Balzer does) that a single injection is sometimes sufficient, appears to reduce the "mercurial treatment" almost to an absurdity. However the same observer whilst claiming great results from the calomel injections in cases of cerebral syphilis, mentions the fact that he was giving large doses of iodide internally at the same time! Without wishing to detract from the value of the treatment under consideration, it must be mentioned that in several points its advocates do not agree, and that the advantages claimed for subcutaneous injection can hardly be said to have been very completely demonstrated.—*Gaz. Méd. de Paris*, May 28, 1887. *Munchener Med. Wochenschrift*, 1887 No. 6.

III. The Influence of Erysipelas on Syphilitic Lesions by M. COSTELLA (Italy) and M. MOLNAR (Austria). The first case was one of inherited syphilis in a girl of twenty-one, who had certainly suffered to an unusual extent from disease of the joints: both knees, one shoulder, and both elbows had been the subject of chronic synovitis, in the last case leading to ankylosis. There was much enlargement about the epiphyseal lines, many subcutaneous gummata, and large ulcers over both shoulders. The spleen and liver were also enlarged. During her treatment in the hospital by sublimate injections and iodide of potassium, she passed through two attacks of erysipelas, each of which appeared to have the most beneficial effects upon the syphilitic lesions. The ulcers healed, the liver and spleen returned to their normal size, the swelling about the joints subsided, and the pa-